

Hazardous Waste Quantity Notification

Business Name FOLLETT CORP.
Business Address 801 CHURCH LANE P.O. BOX D
EASTON, PA. 18044
EPA ID Number PAD.002388445

Hazardous Waste Generated

0 - 100 kg/month ☒ 50 gal. Drum / 2 mos.
100 - 1000 kg/month ☐
1000 kg/month or more ☐

William M. Hutton DIRECTOR OF OPERATIONS

Signature and Title



Official Business
Penalty for Private Use
\$300

FIRST-CLASS MAIL
POSTAGE & FEES PAID
EPA
PERMIT NO. G-35

United States
Environmental Protection
Agency

Washington DC 20460

JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGION III
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

OSHA No. 0246-EPA-OT Expiration Date 12/31/96

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY		INSTRUCTIONS: If you received a preprinted label, affix it to the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
I. NAME OF INSTALLATION	PLEASE PLACE LABEL IN THIS SPACE	
II. INSTALLATION MAILING ADDRESS		
III. LOCATION OF INSTALLATION		

FOR OFFICIAL USE ONLY	
COMMENTS	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED
PA 0002388405		250712

I. NAME OF INSTALLATION	
FOLLETT CORPORATION	

II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
801 CHURCH LANE	
CITY OR TOWN	ST. ZIP CODE
EASTON	PA 18044

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
801 CHURCH LANE	
CITY OR TOWN	ST. ZIP CODE
EASTON	PA 18044

Northampton
095

IV. INSTALLATION CONTACT	
NAME AND TITLE (incl. title & job title)	PHONE NO. (area code & no.)
HUTTON BILL DER OF OPERATIONS	215 252 7301

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
FOLLETT CORPORATION	

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F - FEDERAL M - NON-FEDERAL	<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify)	

VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.	
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item IX)	C. INSTALLATION'S EPA I.D. NO. _____

IX. DESCRIPTION OF HAZARDOUS WASTES	
Please go to the reverse of this form and provide the requested information.	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U032	U080				
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.31 - 261.34.)


1. IGNITABLE

(261.31)



2. CORROSIVE

(261.32)



3. REACTIVE

(261.33)



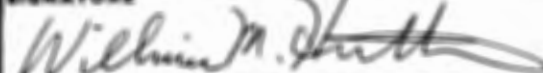
4. TOXIC

(261.34)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (Type or print)

 William M. Hutton
Director of Operations

DATE SIGNED

7-8-85

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
MAINTENANCE FORM FOR NOTIFICATION

SQG → GEN

Leis

EPA-ID # PA10023884451

Date: 1/24/91

FACILITY NAME Follett Corp.

New Facility Name

Contact Person/Position

Clark, Greg Mfg. Mgr. (215) 252-7301
(Last, First, M) Title Tel No.

MAILING ADDRESS

Street P.O. Box 2
City Easton State PA Zip 18042

LOCATION ADDRESS

Street _____
City _____ State _____ Zip _____

County Name

County Code

Owner Name

Operator Name

Activity Code

- ☐ Gen ☐ TR ☐ Tsd
☐ 5. Market or Burn HWF
☐ A. Gen Mark to Burn
☐ B. Other Marketer
☐ C. Burner

Used Oil Fuel Activities

- ☐ 6. Off-Spec Used Oil Fuel
☐ A. Gen Mark to Burn
☐ B. Other Marketer
☐ C. Burner
☐ 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device

☐ Utility Boiler ☐ Ind. Boiler ☐ Ind. Furnace

Mode of Transportation (Transporters only)

☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other

Maintenance Screens

W1 Card

F2 Card

Existing
Waste
Code

New
Waste
Code

Non-Reg Ind ____ (c303)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

[illegible]

Installation's EPA ID Number										Approved	Date Received (yr. mo. day)		
C								T/A	C				
F									1				

I. Name of Installation

F	O	L	L	E	T	T	C	O	R	P	O	R	A	T	I	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

II. Installation Mailing Address

Street or P.O. Box

[illegible]

City or Town

State

ZIP Code

C	E	A	S	T	O	N									P	A	1	8	0	4	2
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---

III. Location of Installation

Street or Route Number

[illegible]

City or Town

State

ZIP Code

C	E	A	S	T	O	N									P	A	1	8	0	4	4
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C	C	L	A	R	K	G	R	E	G	M	F	G	M	G	R	2	1	5	2	5	1	7	3	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

[illegible]**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item-C)

C. Installation's EPA ID Number

P	A	D	0	0	2	3	8	8	4	4	5
---	---	---	---	---	---	---	---	---	---	---	---

ID — For Official Use Only															
C														T/A	C
W															1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)


☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) GREGORY A. CLARK MANAGER OF MANUFACTURING	Date Signed 10/22/90
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	-------------------------



October 22, 1990

801 Church Lane, P.O. Box D, Easton, PA 18044
(800) 523-9361 (215) 252-7301
FAX (215) 250-0696

U.S. EPA Region III
Waste Management Branch
MS 3HW 34
841 Chestnut Street
Philadelphia, PA 19107

Dear Sir:

We have recently been informed that our status has changed from a small to a large quantity generator per 25 Pa. Code 261.5(i) and 261.41(b)(7)(8). Enclosed please find EPA Form 8700-12 for notification of this change.

If you have any questions, please advise.

Sincerely,

FOLLETT CORPORATION

A handwritten signature in cursive script, appearing to read 'M. Zacharda'.

Marjorie A. Zacharda
Manager of Human Resources

MAZ:man
Enclosure

cc: Department of Environmental Resources
Bureau of Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550

Department of Environmental Resources
4530 Bath Pike
Bethlehem, PA 18017
Attn: Meg Mustard

Greg Clark



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
1875 New Hope Street
Norristown, PA 19401
215 270-1948

June 8, 1987

Follet Corporation
801 Church Lane
Easton, PA 18044

Re: Manifest Review
Manifest Document No. PAB4255904
EPA Identification No. PAD002388445

NOTICE OF VIOLATION

Gentlemen:

This letter is to confirm the findings of the Department's review of the above manifest. Requirements for hazardous waste facilities are contained in Chapters 75.260 through 75.267 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during our review are as follows:

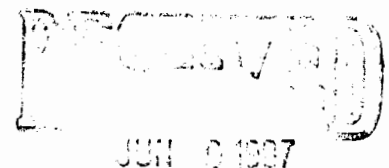
75.262(e)(7)(vii) Incorrect U.S. Department of Transportation Proper Shipping Name, Hazard Class and ID Number.

75.262(e)(7)(ix) Hazardous waste number not listed under I.a.

75.262(e)(7)(x) Hazard Code was not listed under J.b.

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you are requested to submit to the Department within fourteen (14) days a report explaining the reasons for the violations and a proposed program to prevent their reoccurrence. Please indicate with your report documentation that the discrepancies have been resolved.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.



RETURN TO THE OFFICE
DEPT. OF ENV. RES.

Follet Corporation

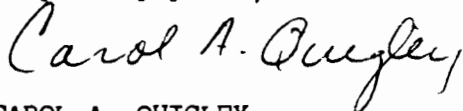
June 8, 1987

- 2 -

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this matter, please feel free to contact me at 270-1948.

Very truly yours,



CAROL A. QUIGLEY

Waste Management Specialist

cc: DER, Bethlehem Office ✓

G. Danyliw

N. Roncetti

Division of Compliance & Monitoring

EPA

Re 30 (DAC)157.3



801 Church Lane, P.O. Box D, Easton, PA 18044
(800) 523-9361 (215) 252-7301

June 16, 1987

Carol A. Quigley
Waste Management Specialist
Commonwealth of Pennsylvania
Department of Environmental Resources
1875 New Hope Street
Norristown, PA 19401

Dear Ms. Quigley,

In response to your "Notice of Violation" dated June 8, 1987, enclosed you will find the information you requested.

The Manifest Document #PAB4255904, which was in error, was prepared by Waste Conversion, Inc. on March 20, 1987. On March 30, 1987, Waste Conversion made the necessary correction to the Manifest via a letter to Follett Corporation, signed by Mr. Glen R. Weaver, Safety & Health Manager. We, at that time, considered the problems to be corrected.

If you have any additional questions, please direct them to my attention.

Thank you.

Sincerely,

FOLLETT CORPORATION

Wayne M. Wagner, C.P.M.
Materials Manager

Enclosures

cc: Bill Hutton - V.P. Operations
Greg Clark - Manager of Manufacturing
Glen R. Weaver - Waste Conversion
2869 Sandstone Drive
Hatfield, PA 19440

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. P A D 0 0 2 3 9 8 4 4 5		Manifest Document No. 07018	2. Page 1 of 1	Information in the shaded areas is not required by Federal law but is required by State law.	
3. Generator's Name and Mailing Address Follet Corporation 801 Church Lane, Easton, Pa 18044					A. State Manifest Document Number PAB 4255904		
4. Generator's Phone (215) 252 7301					B. State Gen. ID P A D 0 0 2 3 8 8 4 4 5		
5. Transporter 1 Company Name Waste Conversion Inc		6. US EPA ID Number P A D 0 8 5 6 9 0 5 9 2		C. State Trans. ID PA-AH 0139			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (215) 822 8996			
9. Designated Facility Name and Site Address Waste Conversion Inc 2869 Sandstone Drive Hatfield, pa 19440		10. US EPA ID Number P A D 0 8 5 6 9 0 5 9 2		E. State Trans. ID PA-AH			
				F. Transporter's Phone ()			
				G. State Facility's ID Not Required			
				H. Facility's Phone 215 822 8996			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Waste Chromic Acid Solution Corrosive Material UN1755				No. 1 Type DM	5.5	G	D007 D002
b. Non Hazardous Waste Solid Non Regulated material				No. 1 Type DM	1.000	P	NA
c.							
d.							
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)				K. Handling Codes for Wastes Listed Above			
a. C E		b. L C D791		a. S01		b. S01	
c. S		d. L C WC1900		c. S01		d. S01	
15. Special Handling Instructions and Additional Information							
a. Chromic Acid Solution							
b. Paint Sludge Solid							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name JAMES HUFF				Signature <i>James Huff</i>		Month Day Year 10 3 2 1 87	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>John Kelly</i>		Month Day Year 10 3 2 4 87	
Printed/Typed Name John Kelly				Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name CHARLES W DEAN				Signature <i>Charles W Dean</i>		Month Day Year 10 3 2 4 87	



Waste Conversion INC.

2869 Sandstone Drive / Hatfield, Pennsylvania 19440 / 215-822-8996

March 30, 1987

Follet Corporation
801 Church Lane
Easton, Pennsylvania 18044

To Whom It May Concern;

This letter is written in order to aprise all concerned parties
with changes that must be made concerning manifest document number
PAB 4255904.

Please make the following corrections on this manifest.

Section 11.b. Proper Shipping Name should read "Waste Flammable Solid n.o.s."
Section 11.b. Hazard Class should read "Flammable Solid".
Section 11.b. ID Number should read "UN1325".
Section I.b. Waste No. should read "D001".
Section J.b. Hazard Code should read "I", Physical State "S".

Sincerely,



Glen R. Weaver
Safety & Health Manager

GRW/cls

cc: File

FY 1989 HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

John Leskosky

1. EPA ID: PA 1002388445 596

2. HANDLER NAME: Follett Corporation

3. ADDRESS: 801 Church Lane, P.O. Box 0, Easton, PA 18044

4. Data Entry
New ☒
Update ☐

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 9/11/90

5a. AGENCY RESPONSIBLE FOR EVALUATION: S
Put code in box

E = EPA
S = State
C = Contractor/EPA
O = Other
B = Contractor/State
X = Oversight

6. TYPE OF EVALUATION COVERED BY THIS REPORT:
Select Evaluation Type and insert in box: 10

1 = Compliance Eval. Inspection (CEI) 4 = Comp GWM Eval (CME)
2 = Sampling Inspection 5 = Compliance Sched. Eval
3 = Record Review 11 = Case Dev. Inspection
12 = O&M Inspection
13 = CA Oversight Insp.

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): / /

7a. Eval. Comments:

8. CLASS and VIOLATIONS

Key:
 X = Violations, no Specialties
 B = Violations & Specialty
 S = Same Viol./Specialty
 Z = Pending determination
 O = No Viol or Specialty found

Specialties
 I = No-insurance only
 C = CA Schedule Violation
 H = HPV
 * = Class I only

Class of Violation	Violations								
	GWM	C/PC	Fin. Res	Pt. B	Compl. Sch	Manifest	Land-Ban	Other	
I									
II									
Acceptable Codes									
	X	X	X	X	X	X	X	X	X
	S	S	S	S	S	S	S	S	S
	Z	Z	Z	Z	Z	Z	Z	Z	Z
	O	O	O	O	O	O	O	O	O
	H	H	I*	H	C	H	H	H	H
			B*		B				
			H		H				

8a Viol. Comment: No TED signed copy for manifest, need to re-notify as a LQI & submit quarterly reports to state

9. ENFORCEMENT ACTIONS:

Area of Class	Type Viol./rel. (use code)	Date Action Taken	Compliance Dates			Penalty		Resp. Ag.
			Scheduled	Actual		Assessed	Collected	(use code)
II	Other	03	9/20/90	9/30/90	9/28/90	—	—	S
II	Manifest	03	9/20/90	9/30/90	9/28/90	—	—	S

Codes for 03 = Warning Letter 11 = Filed Civil Action 15 = CA Init. Admin Order
 Types of 04 = Admin. Complaint 12 = Filed Criminal Action 16 = CA Final Admin Order
 Enforcement 05 = Final Admin. Order 18 = Civil Referral to AG/DOJ 21 = Notice of Non-comp.
 Actions: 10 = Informal 19 = Final Judicial Order 22 = FFCA
 23 = Fed. Fac. Referral to HQ

Resp Agcy Codes
 E = EPA
 S = State
 X = EPA Oversight

10. Enforc. Comment: Notice of Violation

ETA

Northampton
County

File

10/2/96

JTL



801 Church Lane, P.O. Box D, Easton, PA 18044
(800) 523-9361 (215) 252-7301
FAX (215) 250-0696

September 27, 1990

Mr. John J. Leskosky
Environmental Protection Compliance Specialist
Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Waste Management
90 East Union Street, 2nd Floor
Wilkes-Barre, Pennsylvania 18701-3296

90 SEP 28 PM 3:36
DEPT. OF ENV. RESOURCES
OFFICE OF
ENVIRONMENTAL
WILKES-BARRE REGION

WASTE MGT.

Dear Mr. Leskosky:

Enclosed is a copy of the TSD signed copy for Manifest Document No. PAB5251175.

We have received copies of forms ER-WM-55 and ER-WM-55A, Quarterly Hazardous Waste Reports, and will submit them in compliance with 25 PA. Code §262.41.

Follett Corporation will notify the Commonwealth of PA, Department of Environmental Resources of our reclassification as a large quantity generator in compliance with 25 PA. Code §§261.5 (i) and 261.41 (b) (7) and (8).

If you have any questions please contact me.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Greg Clark'.
Greg Clark
Manager of Mfg.

GC:cb
enclosure

copy to M. Mustard



Bureau of Waste Management

P. O. Box 2063

Harrisburg, PA 17120

Form approved.

OMB No. 2050-0039

Expires 9-30-88

R-SWM-51:REV. 6/87

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. PA D 0 0 2 3 8 8 4 4 5		Manifest Document No. XXXXX		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.									
3. Generator's Name and Mailing Address Follett Corp Kessleypville road Easton, PA 18042						A. State Manifest Document Number PAB 5251175											
4. Generator's Phone (215 252 7301)						B. State Gen. ID SAME											
5. Transporter 1 Company Name Waste Conversion Inc						C. State Trans. ID PA-AH 10139											
6. US EPA ID Number PA D 0 8 5 6 9 0 5 9 2						D. Transporter's Phone (215 822 8996)											
7. Transporter 2 Company Name						E. State Trans. ID PA-AH											
9. Designated Facility Name and Site Address Waste Conversion Inc 2869 Sandstone Drive Batfield, PA 19440						F. Transporter's Phone ()											
10. US EPA ID Number PA D 0 8 5 6 9 0 5 9 2						G. State Facility's ID Not Required											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ Waste Chromic Acid Solution Corrosive Material UN1755						No. 005 Type DM		000275		G		D007					
b. RQ Hazardous Waste Solid n o s ORM-E NA9189						No. 013 Type DM		007150		P		F002					
c. Non Hazardous Waste Liquid Non Regulated material						No. 003 Type DM		00165		G		NA					
d. Waste Paint Coated Particle Board Non Regulated Material						No. 002 Type CM		001500		P		NA					
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above											
a. Haz. Code C Physical State L D12811						a. S01											
b. Haz. Code T Physical State S KC13075/4452						b. S01											
c. Haz. Code L Physical State L WC1899						c. S01											
d. Haz. Code - Physical State S WC12858						d. S01											
15. Special Handling Instructions and Additional Information																	
a. Waste chromic acid solution Drum Non Hazardous Waste Solid																	
b. Foam insulation 96% foam 4% Methylene chloride Non regulated Material																	
c. Asphalt Sealer Liquid Paint sludge solid																	
d. Paint coated particle board L-C WC1900																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name Chuck Moser						Signature Chuck Moser				Month Day Year 11/10/88							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Douglas Gramm				Signature Douglas Gramm				Month Day Year 11/10/88			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name						Signature				Month Day Year							

PAB 5251175

Hazardous Waste Inspection Report
Generators - Part A

Date of inspection Tues, 9/11/90 Time start 1:00 pm Time finish _____
 Name of inspector Meg Mustard
 Company, installation name Fallett Corporation
 Location 801 Church Lane, P.O. Box D Easton, PA 18044
 County Northampton Municipality Forks Twp
 Identification number PAD002388445
 Name of responsible official Craig Clark
 Title Mgr of Mfg.
 Mailing address SNA
 Area code and telephone number (215) 252-7301 / (800) 523-9361
 Name of person interviewed Craig Clark, James Coe
 Title Mgr of Manufacturing, Purchasing Agent
 Mailing address (if different from above) SNA
 Area code and telephone number SNA

1. Current waste handling method:

- | | | | | | |
|----|----------------------------------------------|------------------------------------------------|-----------------------------------|----------------------------------------------|----------------------------------|
| a. | <input type="checkbox"/> On-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal | <input type="checkbox"/> PBR |
| b. | <input type="checkbox"/> On-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |
| c. | <input checked="" type="checkbox"/> Off-site | <input checked="" type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input checked="" type="checkbox"/> disposal | |
| d. | <input type="checkbox"/> Off-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |

2. Amount of hazardous waste produced:

a. _____ kg./mo.

b. ~ 3300 kg in 1990 ~~kg/yr.~~ Based on 1990 Manifests
+ Accumulate in large quantities

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
<u>F002</u>		
<u>F005, F003, D001</u>	<u>Waste Conversion</u>	<u>Hatfield, PA</u>
<u>F009, F003</u>		

Hazardous Waste Inspection Report
Generators — Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.262
X				Hazardous waste determination, copies available		(b)
X				Identification number		(c)(1)
X				Hazardous waste shipments offered only to licensed transporters		(c)(4)
X				Authorization received from TSD facility for wastes shipped off-site		(d)
X				PA manifest used for intrastate shipments		(e)(2)
	X			Disposer state manifest or EPA format manifest used for out-of-state shipments		(e)(3)
X				Manifests filled out properly and completely		(e)(7)
X				Manifests routed properly and within time limits (7 days)		(e)(14) or (15)
		X		Proper U.S. DOT shipping containers or packages		(f)(1)(i)
		X		Shipping containers marked and labeled according to U.S. DOT		(f)(1)(ii)
X				Containers of 110 gal. or less marked with required PA label		(f)(1)(iii)
		X		Placards offered to transporter		(f)(2)
X				Wastes accumulated on-site for less than 90 days		(g)(1)(i)
X				Wastes stored in proper containers and properly marked and labeled		(g)(1)(ii)
X				Containers managed in accordance with 75.265(q)(1)— (14)		(g)(1)(iii)
X				Containers clearly marked with accumulation date and visible for inspection		(g)(1)(iv)
X				Records retained at designated location for 20 years		(h)
			X	Quarterly reports submitted to the Department		(i)
			X	Exception reporting procedures followed		(j)
		X		Hazardous waste disposal plan, if required		(l)
	X			Spill reporting procedures followed		(m)(1)
X				Preparedness, Prevention and Contingency Plan and implemented		(m)(5)
	X			Special requirements followed for international shipments		(o)
X				On the job or classroom personnel training program (75.265(f))		(g)(1)(6)
X				Drum accumulation area inspected weekly as per 75.265(q)(5)		(g)(1)(iii)

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 9/11/90 Identification Number PAS 002388 445
Company, Installation Name Follett Corporation
County Northampton Municipality Forks Twp.

Permission to inspect the facility was given by Mr. James Corner. Mr. Greg Clark accompanied me on a plant tour. Mr. James Corner is in charge of records.

Inspection Observations:

- 1) 4 drums were located in the Storage area:
 - 2 Waste Paint Sludge drums - Nonhaz
 - 2 Waste Methylene Chloride drums - (FOOZ)
- 2) 2 degreasers onsite
 - a) Chloroform Solvent
 - b) Safety Solv 140
- 3) The manifest violation noted on the 6/18/87 Notice of Violation were corrected. A copy of the response letter is attached.
- 4) A PPC Plan has been developed and submitted to the Department.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person interviewed (signature) [Signature]Date 9/11/90Inspector (signature) Meg MustardDate 9/11/90

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 9/11/90 Identification Number PAD002388445
Company, Installation Name Follett Corporation
County Northampton Municipality Forks Twp

5.) Hazardous waste storage drums were labeled

Violations:

- 1) The TSD signed copy was not available for Manifest No. PAB5251175 in violation of 25 PA Code § 75.262(j) for exception reporting. A copy should be obtained from the TSD.
- 2) Quarterly Reports are not being submitted to the Department in violation of 25 PA Code Section 75.262(i). Copies of these forms will be sent to the company.
- 3) Follett Corp should renotify as a large quantity generator as required in Sections 75.261(d)(9), order 75.267 and comply with all of

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) [Signature]

Date

Inspector (signature) Meg Mustard

Date

9/11/90

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 9/11/90 Identification Number PAD002388445
Company, Installation Name Follett Corp.
County Northampton Municipality Forks Twp

The large quantity generator regulations

Recommendations:

A log should be kept onsite to verify weekly drum storage area inspections.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person interviewed (signature) [Signature] Date 9/11/90

Inspector (signature) Reg. Mustard Date 9/11/90



R-SWM-51:REV. 6/87

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law but is required by State law.	
3. Generator's Name and Mailing Address Follett Corp Kassleville road Easton, PA 18042		6. US EPA ID Number P A D 0 0 2 3 8 8 4 4 5		A. State Manifest Document Number PAB 5251175		
4. Generator's Phone (215 252 7301)		7. Transporter 1 Company Name Waste Conversion Inc		B. State Gen. ID SAME		
5. Transporter 1 Company Name Waste Conversion Inc		8. US EPA ID Number P A D 0 8 5 6 9 0 5 9 2		C. State Trans. ID PA-AH 10139		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (215 822 8996)		
9. Designated Facility Name and Site Address Waste Conversion Inc 2869 Sandstone Drive Hatfield, PA 19440		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		E. State Trans. ID PA-AH		
				F. Transporter's Phone ()		
				G. State Facility's ID Not Required		
				H. Facility's Phone 215 822 8996		
		12. Containers		13. Total Quantity		
		No. Type		Unit Wt/Vol		
a. RQ Waste Chromic Acid Solution Corrosive Material UN1755		005 D M		0.0275		
b. RQ Hazardous Waste Solid n o s ORM-E NA9189		013 D M		0.7150		
c. Non Hazardous Waste Liquid Non Regulated material		003 D M		0.0165		
d. Waste Paint Coated Particle Board Non REgulated Material		002 C W		0.1500		
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)		K. Handling Codes for Wastes Listed Above				
Haz. Code Physical State Haz. Code Physical State		a. b. c. d.				
a. C E D12811		c. W C1899		a. S01 c. S01		
b. T S KC12075/4452		d. S W C12858		b. S01 d. S01		
15. Special Handling Instructions and Additional Information						
a. Waste chromic acid solution		Drum Non Hazardous Waste Solid				
b. Foam insulation 96% foam 4% Methylene chloride		Non regulated Material				
c. Asphalt Sealer Liquid		Paint sludge solid				
d. Paint coated particle board		L.C. WC1900				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Chuck Moser		Signature Chuck Moser		Month Day Year 11/10/88		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Douglas Gramm		Signature Douglas Gramm		Month Day Year 11/10/88		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Month Day Year		

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Bureau of Waste Management
Wilkes-Barre Regional Office
90 East Union Street - 2nd Floor
Wilkes-Barre, PA 18701-3296
(717) 826-2366 or (717) 826-2516

September 20, 1990

CERTIFIED MAIL NO. P 737 801 983

NOTICE OF VIOLATION

Mr. Greg Clark, Manager of Manufacturing
Follett Corporation
801 Church Lane
P. O. Box P
Easton, PA 18044

RE: September 11, 1990 Inspection
Follett Corporation
PA09002388485
Forks Township, Northampton County

Dear Mr. Clark:

This notice of violation is to confirm the findings of the Department's referenced inspection of your hazardous waste generator activities. Requirements for hazardous waste facilities are contained in Chapters 260.2 through 269.163 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during the inspection are as follows:

1. Exception reporting procedures were not followed, in violation of 25 Pa. Code §262.42. The TSD signed copy was not available for Manifest Document Number PA85261175.
2. Quarterly reports were not submitted to the Department, in violation of 25 Pa. Code §262.41.
3. Follett Corporation has failed to notify as a large quantity generator, in violation of 25 Pa. Code §261.5(1) and 261.41(b)(7) and (8).

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you shall submit to the Department by September 30, 1990, a proposed program and schedule for abatement of these violations.

Mr. Greg Clark, Manager of Manufacturing
Follett Corporation

Page - 2
September 20, 1990

This notice of violation does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this notice of violation or the conditions upon which the notice of violation is based. This notice of violation shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This notice of violation shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this notice of violation, feel free to contact me at my office.

Sincerely,

John J. Leskosky
Environmental Protection
Compliance Specialist

JJL:MM:cam

cc: Enforcement File thru W. McDonnell
Division of Enforcement
E. Shoener
U.S. EPA Region III
J. Lehman
J. Leskosky
M. Mustard
M. Carmon

CPT-5-3314
D: 9/13/90
T: 9/14/90
R: 9/19/90(2)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PA0000588445

INSTALLATION ADDRESS

HUTTON, BILL DIR OF OPR
FOLLETT CORP - EASTON
801 CHURCH LANE
EASTON

PA 18044

801 CHURCH LANE
EASTON

PA 18044